

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013486

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2543

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b
12 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Barnes Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **4338 Forest Park Blvd** Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
John

Middle
F.

Last
Koch

4. DATE OF DEATH

Month
Mar.

Day
3

Year
1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-19-10

9. AGE (last birthday)
52

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Timekeeper

10b. KIND OF BUSINESS OR INDUSTRY
McDonnell Aircraft

11. BIRTHPLACE (City and state or country)
St. Louis Co. Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John F. Koch

13b. MOTHER'S MAIDEN NAME

Lydia M. Ferrell

14. NAME OF HUSBAND OR WIFE

Lucille Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)
Yes WW 2

16. SOCIAL SECURITY NO.
29

17. INFORMANT

Mrs. Lucille Koch, Forest Park

Address **4338**

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Multiple Pulmonary Emboli; following gunshot wounds of left chest, self-inflicted in his home on or about February 19, 1963. While suffering from mental aberration.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Shock

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☒ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See above

20c. TIME OF INJURY
Hour a.m. p.m. **2-19-63**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION COUNTY STATE
St. Louis, Mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **350 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Nelson L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave

22c. DATE SIGNED

3-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE
3-6-63

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Drehmann-Harrah, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.

MAR 6 1963

26. REGISTRAR'S SIGNATURE

Rod Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1

2 **219**

3

4 **0**

5 **1**

6

7 **0**

8 **1**

9

10

11

12 **52-3**

13

52

City Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.